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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Mark Jones**  
Serial Number: **09/810,800**  
Filing Date: **March 15, 2001**  
Title: **CASINO STYLE GAME OF CHANCE APPARATUS**  
Confirmation No: **6814**  
Group Art Unit: **3711**  
Examiner: **Vishu K. Mendiratta**  
Attorney Docket No: **35761-1**

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**Facsimile Transmission**

**TO:** United States Patent and Trademark Office

**FAX NO:** 571-273-8300

**FROM:** Jon E. Shackelford

**PAGES:** Four (4), including cover sheet

**DOCUMENTS ENCLOSED:** Transmittal Letter (2 pgs); Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address;

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Kelly R. McKinnon  
Kelly R. McKinnon

ANNARBOR 35761-1 87348v1

Application No: 09/810,800

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No: 09/810,800

Filing Date: March 15, 2001

Applicant(s) Mark Jones

Group Art Unit: 3711

Confirmation No: 6814

Examiner: Vishu K. Mendiratta

Title: CASINO STYLE GAME OF CHANCE APPARATUS

Attorney Docket No: 35761-1

Customer No: 59582

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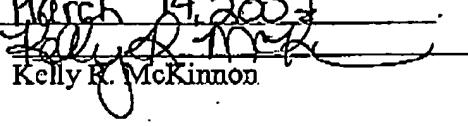
**REVOCATION OF POWER OF ATTORNEY WITH  
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OF CORRESPONDENCE ADDRESS**

Sir:

Applicant submits herewith a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

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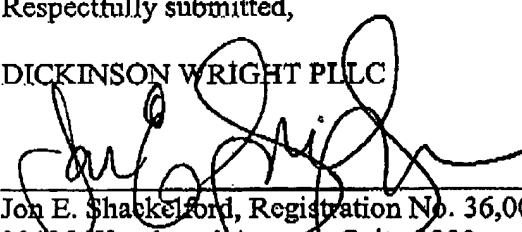
  
Kelly R. McKinnon

Application No: 09/810,800

In connection with this communication, the Patent Office is authorized to charge or refund any fee deficiency or excess to Deposit Account No. 04-1061.

Respectfully submitted,

DICKINSON WRIGHT PLLC

  
\_\_\_\_\_  
Jon E. Shackelford, Registration No. 36,003  
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Date: 3-13-2007

ANNARBOR 35761-1 87347v1

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/810,820
Filing Date	March 15, 2001
First Named Inventor	Mark Jones
Art Unit	3711
Examiner Name	Viktor K. Mewbrath
Attorney Docket Number	35761-J

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

59582

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

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OR

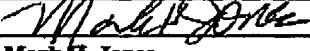
<input type="checkbox"/> Firm or Individual Name	Mark E. Jones	Address	1200 20th Street, N.W. Arlington, VA 22209-1200	City	State	ZIP
Country						
Telephone	734-623-1734	Email	jshackelford@dickinsonwright.com			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Mark E. Jones		
Date	3-5-07	Telephone	530-873-4488

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one forms are submitted.

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